Date: 12/9/2015 4:28:35 PM



BARBARA K. CEGAVSKE Secretary of State Elections Division 101 North Carson Street, Suite 3 Carson City, Nevada 89701-3714 Phone: (775) 684-6705

Fax: (775) 684-5718 Website: www.nvsos.gov

State of Nevada
Committee for Political Action
(PAC)

Registration Form

Office of the Secretary of State

Barlian Cegauste

Barbara Cegavske Elections Division

**JStokes** 

11/24/2015

#2523

1.494	<u> </u>		_
		·	Space is for office use only
New Registration	PAC (Advocating P	assage or Defeat of a Ballot Ques	tion)
Annual (Due on or before	January 15th of each yea	r; NRS 294A.230(4)(b))	
Amended Registration: check all that apply	Change Officers	Change Registered Agent	Change Address
	Change Name	rious Name of PAC	
	Other:		
Name of Committee:			elephone:
Committee to Raise the Minimus	n Wage in Nevada		775) 343-8120
Mailing Address:			
780 Del Monte Ln	Re	<u> </u>	NV 89511
Street Name, Number	Gity	3	itate Zip Code
PAC Active Email Address: in	ninister@uufnn.org		
PURPOSE: Briefly state the	purpose for which the PAC	was organized.	
To raise the minimum wage in N			
To talse the minimum wake m.	(O) (mm.)		
<b>₹</b> •			
REGISTERED AGENT: pure	suant to NRS 294A.240, ea	ach PAC must appoint and keep in ral person who resides in the State	the State a registered of Nevada.
			Telephone:
Name of Registered Agent: Bradley S. Schrager, Esq., Wolf	Diffein Shanira Schulman	& Rahkin, LLP	(702) 639-5102
	, Kikin, Shapiro, Centimen	- 144 - 144	<u> </u>
Physical Address:		a Vocas	NV 89102
3556 E. Russell Rd., 2nd Floor	Cit	13 Y VB (13	State Zip Code
Street Name, Number			
REGISTERED AGENT ACC	EPTANCE: I hereby acce	pt appointment as Registered Age	nt for the above-named
Committee for Alitical Action	٦.		
1611		Date:	
Xpy		November 24, 2015	
Signature of Registered Agent			





BARBARA K. CEGAVSKE Secretary of State Elections Division 101 North Carson Street, Suite 3 Carson City, Nevada 89701-3714 Phone: (775) 684-5706 Fax: (775) 684-5718 Website: www.nvsoa.gov

## State of Nevada Committee for Political Action (PAC)

Registration Form Page 2

	dress and telephone number of each of	ficer (attach additional pages if
necessary). Officer Name and Title:	Telephone:	
Minister Harold Washington Carnes, O	fficer	(702) 445-2394
Mailing Address:	III	(70-)
2809 West Sahara Avenue #4	Las Vegas	NV 89102
Street Name, Number	City	State Zip Code
Officer Name and Title:	Telephone:	
Rev. Neal Anderson, Treasurer	<del></del>	(775) 343-8120
Malling Address:		
780 Del Monte Ln.	Reno	NV 89511
Street Name, Number	City	State Zip Code
Officer Name and Title:		Telephone:
Ronald Nelson		(702) 595-6075
Mailing Address:		
4046 Ponderosa Way	Las Vegas	NV 89118
Street Name, Number	City	State Zip Code
Officer Name and Title:		Telephone:
Mailing Address:		
Street Name, Number	City	State Zip Code
AFFILIATIONS: If the PAC is affilia of each organization (please attach Name of Organization:	ited with any other organizations, list the additional pages If necessary).	e name, address and telephone numbe Telephone:
Name of Organization.		Totophonor
Mailing Address:		
Maining Address.		
Street Name, Number	City	State Zip Cods
Name of Organization:	* * ×	Telephone:
Mailing Address:		
Street Name, Number	City	State Zip Code
Name of Organization:		Telephone:
Mailing Address:		
Street Name, Number	City	State Zip Code
SUBMITTED BY:		
x 1/1/1 n	Printed Name:	Date: Telephone:
X / Jeef / Cot	Neal Anderson	(775) 343-8102